

JAN *[Signature]*

OCT 1 E 2004
 SEP 07 2004
 PATENT & TRADEMARK OFFICE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/640,852
		Filing Date	August 17, 2000
		First Named Inventor	Nehme
		Art Unit	1647
		Examiner Name	Robert S. Landsman
Total Number of Pages in This Submission	10	Attorney Docket Number	600-41-PA

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Please apply any deficiencies to deposit account 502362		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gabor L. Szekeres
Signature	<i>Gabor L. Szekeres</i>
Date	September 2, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Toni Whyte		
Signature	<i>Toni Whyte</i>	Date	September 2, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Attorney Docket No. 600 41 PA

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Nehme et al.

Serial No.: 09/640,852) Examiner: Robert S. Landsman
Filed: August 17, 2000) Art Unit: 1647
For: TREATMENT OF TUMORS)
WITH ACETYLENES DI-) Anaheim, California
SUBSTITUTED WITH A PHE-)
NYL OR HETEROAROMATIC)
GROUP AND A SUBSTITUTED) September 2, 2004
CHROMANYL, THIOCHROMA-))
NYL OR TETRAHYDROQUINO-))
LINYL GROUP IN COMBINA-)
TION WITH OTHER ANTI-)
TUMOR AGENTS)

Certificate of Transmission

9-2-04 I hereby certify that this correspondence is being deposited on
mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450.



Toni Whyte

September 2, 2004

Date

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE TO OFFICE ACTION AFTER FINAL
REJECTION**

In response to the Office Action dated **June 14, 2004**, please amend the
above-identified application as follows:

IN THE CLAIMS: